

401554

**ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 6470  
Registrar's No. 91

1. Place of Death: (a) County Gravham (b) City or Town Pima (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 4 Mo.; In Arizona 64  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz (b) County Gravham (c) City or Town Pima  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (f) Social Security No. \_\_\_\_\_  
3. (a) FULL NAME Carl Karl Foster (b) If Veteran name war \_\_\_\_\_

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐  
6. (a) Single, married, widowed or divorced Married  
(b) Name of husband or wife Melissa Foster (c) Age of husband or wife, if alive 64 yrs.  
7. Birthdate of deceased Sept 21 1883  
(Month) (Day) (Year)  
8. AGE: Years 64 Months 5 Days 19 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Pima, Ariz  
(City, town or county) (State or Country)

10. Usual Occupation Farmer  
11. Industry or Business V  
12. Name Joseph Foster  
13. Birthplace unknown  
(City, town or county) (State or Country)  
14. Maiden Name Rhoda Haggerty  
15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Melissa Foster  
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pima Ariz (c) Date Mar 13 1948  
18. (a) Embalmer's Signature N. C. Rawson  
(b) Funeral Director N. C. Rawson  
(c) Address Safford, Ariz

19. (a) December 29, 1948  
(Date received Local Registrar)  
(b) N. C. Rawson  
(Registrar's Signature)  
(c) Deputy N. C. Rawson

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) March 10, 1948  
TIME (Hour and minute) 8:00 AM

21. I hereby certify that I attended the deceased from Sept 10 1947 to March 10 1948  
that I last saw him alive on March 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION unk

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature N. C. Rawson M. D.  
Address Safford, Ariz Date signed March 19 1948